

Case Number:	CM15-0060768		
Date Assigned:	04/07/2015	Date of Injury:	08/07/2012
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male who sustained an industrial injury on 8/7/2012. His diagnoses, and/or impressions, include: sprain, derangement & impingement in the right shoulder status post right shoulder surgery (1/27/14); and chronic lumbosacral sprain with pain; lumbar disc disorder and facet syndrome; hip pain; and sacroilitis with pain. No current magnetic resonance imaging studies or x-rays are noted. His treatments have included heat/ice therapy; exercise; cognitive behavioral therapy for chronic pain; and medication management to include Voltaren gel that has been very helpful. The progress notes of 2/18/2015, shows complaints of a lower back ache and right shoulder pain, with swelling, improved on medication. The physician's requests for treatments included continuing topical Voltaren gel for topical analgesic and inflammation, especially after exercise.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Voltaren 1% gel 100gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Voltaren 1% gel 100gm with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The guidelines state that topical NSAIDs are indicated recommended for short-term use (4-12 weeks). The documentation indicates that the patient has spine pain, hip pain, and shoulder pain all of which are not body parts recommended for topical application of Voltaren. The documentation indicates that the patient has been using this gel much greater than the 12 weeks recommended period. There are no extenuating circumstances, which necessitate going against guideline recommendations for this product. The request for Voltaren is not medically necessary.